



NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD
BUREAU OF WEIGHTS AND MEASURES
25 CAPITOL STREET
PO BOX 2042
CONCORD NH 03302-2042

Tel: (603) 271-2894
Fax: (603) 271-1109
E-mail: devices@agr.state.nh.us

APPLICATION FOR WEIGHING AND MEASURING DEVICE LICENSE

INSTRUCTIONS --- (Read carefully before filling out this form)

1. In accordance with PART Agr 1408, Licensing of Commercial Devices this application **shall be complete and accurate** as to all information requested for any individual, business, partnership, company or corporation to obtain a license to operate commercial weighing and measuring devices with in the State of New Hampshire.
2. Applications are to be mailed to: **NH Department of Agriculture, Markets and Food, Bureau of Weights and Measures, PO Box 2042, Concord , NH 03302-2042.**

PLEASE TYPE OR PRINT ALL INFORMATION CLEARLY

Section A --Information for this section is for the actual physical location of the business.

Section B -- Information for this section is for billing purposes.

Section A	Section B
Date: _____	Owner: _____
Name of Business: _____	Street Address: _____
Street Address: _____	PO Box: _____
Town/ City: _____	Town/City: _____
State: _____ (9 digit) Zip Code _____ - _____	State: _____ (9 digit) Zip Code: _____ - _____
Telephone #: _____ () _____ - _____	Telephone #: _____ () _____ - _____
Fax #: _____ () _____ - _____	Fax #: _____ () _____ - _____
E-mail address: _____	E-mail address: _____

REGISTERED OWNERS, OFFICERS OR MEMBERS

NAME: _____	NAME: _____
TITLE: _____	TITLE: _____
RESIDENCE: _____	RESIDENCE: _____
TOWN/CITY: _____	TOWN/CITY: _____
STATE: _____ (9 digit) Zip Code: _____ - _____	STATE: _____ (9 digit) Zip Code: _____ - _____

In the space provided below list all information requested for each weighing or measuring device that is required to be licensed pursuant to the provisions of PART Agr 1408, the "Licensing of Commercial Devices" rule. In most cases the information needed to complete this section of the application form may be found on the nomenclature plate affixed to each device. If more space is needed you may make a photocopy of this page. Be sure that all information provided is accurate. This will insure that your account is handled in the most efficient manner possible. If you have questions regarding this application call **603-271-2894**.

[illegible]

GENERAL EXPLANATION OF COLUMNS

(A) MAKE: Manufacturer of the device: Scales – Hobart, Toledo, etc.; Gas Pumps – Wayne, Gilbarco, etc.; LPG, Oil meters – Neptune, Smith, LC, etc.; (B) Model number of the device; (C) The devices serial number. (D) Maximum weighing capacity of the scale; 10 lb, 1000 lb, 120,000 etc. (E) Linear and Other Devices; Rope, Fabric measures, Motor Oil dispensers, Taxi meters, etc. (F) Number of Meters: For Gas Pumps, this means the number of meters contained in a single unit, usually 4, 5 or 6; For LPG and Oil, the number of meters on a single vehicle. (G) The product dispensed through the meter; Regular Unleaded, Super Unleaded, Diesel, Kerosene, #2 Fuel Oil, etc.

PLEASE READ, SIGN AND DATE

(1) "I certify that all devices, licensed or unlicensed, being used commercially are/have been listed on this application." (2) "I certify that there are no willful misrepresentations or falsifications in the information provided on this application." (3) "I understand if an investigation discloses any willful misrepresentations or falsifications, my application shall be rejected." (4) "If, after issuance of my device license, should an investigation disclose any willful misrepresentations or falsifications, my license might be revoked or suspended and I might be subject to penalties under RSA 438:40."

Signature

Date